

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.73	10			Weekdays	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.59	6.59	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	235	352		*****	11.7	17.5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4157.82	*****		*****	221.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	100.7	100.7		*****	5	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	2633.44	*****		*****	130.75	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.91	8.01				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.95	7.95				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.3	.3				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.82	2.82				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.415	3.758		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.97	4.83		*****	.09	.24				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.2	9.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.68	10.18	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	113	102		*****	7.5	11.3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2309	*****		*****	173	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.93	*****	7.34				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	83.8	83.8				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	75	45		*****	5	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	3002	*****		*****	225	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.194	20.7				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.54	7.54				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.02	2.02				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.8	.8				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	101	101				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.772	.772				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	4.25		*****	.1	.3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.54	9.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.47	9.46	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	149	200		*****	8.57	13.3				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4773.8	*****		*****	238.5	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	7.19				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87	108		*****	< 5	< 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	11172	*****		*****	558	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.89	9.93				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.03	9.03				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.457	.457				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.88	1.88				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	3.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.16	1.95		*****	.07	.13				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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ID0022799	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.2	9.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	12.97	13.04	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	182.9	143.1		*****	12.07	13.2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2274.8	*****		*****	209.8	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.86				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	75.7	75.7				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	109.9	180.1		*****	7.75	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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02/01/2016	02/29/2016

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	5166.2	*****		*****	476.5	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.42	6.42				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.94	7.94				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.274	.274				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.54	1.54				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	45.4	45.4				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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02/01/2016	02/29/2016

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	8				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.7	3.8		*****	.12	.24				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.8	11.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	11.75	12.18	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	169.5	258.54		*****	10.7	12.4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4310	*****		*****	215.36	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.01	*****	8.22				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	116.46	258.54		*****	7.35	12.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	11489.18	*****		*****	574	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.5	4.05				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.89	5.89				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.62	1.62				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.96	.96				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.576	.576				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	13				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.935	3.536		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	2.21		*****	.09	.14				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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04/01/2016	04/30/2016

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.57	18.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.4	10.95	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	331	683		*****	19	25.6				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2927	*****		*****	257	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	70.4	70.4				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	406	318		*****	23.3	31				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	51.85	*****		*****	457.17	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.495	1.08				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.59	5.59				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.34	1.34				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.24	1.24				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	46.8	46.8				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.913	.913				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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SHEPARDS RD
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MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83861
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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.194	.83		*****	.17	.25				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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OMB No. 2040-0004

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05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/8/08/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: AT END OF SHEPARDS RD & E OF 1790
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ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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DISCHARGE MONITORING REPORT (DMR)

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ST. MARIES, ID 83861
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SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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DMR Mailing ZIP CODE: 83861
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(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	8/08/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Wesley Rice/ OIT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/9/07/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Wesley Rice/ OIT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	/9/07/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		0/13/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITY OF

ADDRESS: 602 COLLEGE AVENUE

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: AT END OF SHEPARDS RD & E OF 1790

SHEPARDS RD

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799

PERMIT NUMBER

001-A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

MONITORING PERIOD

MM/DD/YYYY

09/01/2016

MM/DD/YYYY

09/30/2016

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
				(208)245-2577		0/13/2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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				(208)245-2577		0/13/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.74	12.1	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.28	6.43	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	184.4	311.9	lb/d	*****	22	22	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2363.6	*****	lb/d	*****	282	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	6.88	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	41.9	70.89	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
Harry Grubham/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		1/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Do to the excessive rain fall for the months of September and October we were not able to land apply enough water to overcome the amount of rain we took on. Our ponds were getting to dangerous levels of overflowing. We had to start discharging a week early otherwise we would have overflow.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITY OF
 ADDRESS: 602 COLLEGE AVENUE
 ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: AT END OF SHEPARDS RD & E OF 1790
 SHEPARDS RD

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83861

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	35982	*****	lb/d	*****	4293	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.11	3.11	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
Harry Grubham/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		1/10/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Do to the excessive rain fall for the months of September and October we were not able to land apply enough water to overcome the amount of rain we took on. Our ponds were getting to dangerous levels of overflowing. We had to start discharging a week early otherwise we would have overflow.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.794	2.584	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.29	5.004	lb/d	*****	.154	.24	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE	DATE
Harry Grubham/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	1/10/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Do to the excessive rain fall for the months of September and October we were not able to land apply enough water to overcome the amount of rain we took on. Our ponds were getting to dangerous levels of overflowing. We had to start discharging a week early otherwise we would have overflow.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.96	12	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.54	7.15	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	207.7	418.18	lb/d	*****	12.4	18.3	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2177.89	*****	lb/d	*****	187.33	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.36	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	75.7	75.7	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87.57	120.93	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
Wesley Rice/ WWTO1		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		2/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
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External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	5686.62	*****	lb/d	*****	524.5	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.52	4.52	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.87	5.87	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.372	.372	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.85	1.85	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	56	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.21	2.21	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
Wesley Rice/ WWTO1		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		2/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.193	2.913	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.926	6.802	lb/d	*****	.16	.28	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Wesley Rice/ WWTO1		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		2/12/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.41	6.2	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.31	8.37	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27	36	lb/d	*****	5	6	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	655	*****	lb/d	*****	121	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.61	*****	7.25	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	27	30	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		11/10/201
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0022799	001-A
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12/01/2016	12/31/2016

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	767	*****	lb/d	*****	142	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	7.25	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.71	8.71	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.48	.48	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	1.7	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.648	.722	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.26	lb/d	*****	.102	.21	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Wesley Rice/ WWTO			(208)245-2577		11/10/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
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LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.13	7	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.02	10.02	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	141.04	137.71	lb/d	*****	11.2	12.9	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1891.27	*****	lb/d	*****	249.2	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.69	*****	7.35	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	94.5	94.5	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	62.96	114.25	lb/d	*****	5	5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/2/15/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

the CL2 water line that feeds the CL2 contact chamber broke under ground we found the break and fixed the line on 2-13-17 we found the leak after the ground started to thaw.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
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01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	5025.16	*****	lb/d	*****	662.13	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.87	9.54	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.3	10.3	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.467	.467	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.06	2.06	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.3	54.3	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	1600	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.51	2.08	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.89	1.06	lb/d	*****	.08	.12	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/2/15/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

the CL2 water line that feeds the CL2 contact chamber broke under ground we found the break and fixed the line on 2-13-17 we found the leak after the ground started to thaw.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.74	10.5	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.37	3.73	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	230.2	461.7	lb/d	*****	13.8	17.3	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6076.5	*****	lb/d	*****	268.17	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	87.7	141.4	lb/d	*****	5.3	6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/3/13/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Ecoli we took a hit. our CL2 feed line froze and broke. we fixed the line and is working now.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	17718	*****	lb/d	*****	607	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.71	9.49	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.9	11.9	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.05	.05	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	1.8	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	740.8	1600	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	3.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.69	5.07	lb/d	*****	.101	.29	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Ecoli we took a hit. our CL2 feed line froze and broke. we fixed the line and is working now.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.54	10.9	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	5.93	9.5	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	253.1	399.06	lb/d	*****	11.25	16.5	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3007.81	*****	lb/d	*****	71.05	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.63	*****	8.43	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	68.1	68.1	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	197.03	361.95	lb/d	*****	8.75	14	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	5000.05	*****	lb/d	*****	118.25	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.99	5.9	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.85	6.85	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.399	.399	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.16	1.16	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.2	51.2	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.783	.783	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.3	8	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	3.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.25	4.25	lb/d	*****	.1	.3	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.33	13.5	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.82	8.9	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	299.23	310.74	lb/d	*****	15.6	20.7	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1267.66	*****	lb/d	*****	138.18	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.82	*****	9.75	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	68.1	68.1	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	268.54	698.05	lb/d	*****	14	27	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE
Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		05/10/2017
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I called in and reported the high pH levels they are back to normal now. Low BOD % were due to the extreme amount of water we received this fall and winter.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	4061.78	*****	lb/d	*****	442.75	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.206	.459	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.79	1.79	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	.723	.723	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.872	.872	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/5/10/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.65	4	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	3.9	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.49	5	lb/d	*****	.13	.3	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	76	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	5/10/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
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ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.41	22.11	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.13	4	*****	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	192.45	521.36	lb/d	*****	12.82	20.7	mg/L		Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1308.29	*****	lb/d	*****	145.25	*****	mg/L		Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.58	*****	8.36	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	40	40	mg/L		Once per 2 Months	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	75.06	125.93	lb/d	*****	< 5	< 5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/6/12/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DMR Mailing ZIP CODE: 83861
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	1369.09	*****	lb/d	*****	152	*****	mg/L		Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.97	mg/L		Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.23	2.23	mg/L		Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.684	.684	mg/L		Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	49.8	49.8	mg/L		Once per 2 Months	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L		Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/6/12/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	< 2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	3.02	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.05	1.51	lb/d	*****	.07	.13	mg/L		Five per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	%		Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	6/12/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/7/14/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/7/14/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE	DATE
Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	7/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Wesley Rice		TELEPHONE		DATE	
Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/8/04/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
no discharge in the month of July. started land application the last week of July.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVENUE
ST. MARIES, ID 83861
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: AT END OF SHEPARDS RD & E OF 1790
SHEPARDS RD
ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83861
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(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577		/8/04/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
no discharge in the month of July. started land application the last week of July.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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Wesley Rice/ WWTO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)245-2577	8/04/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
no discharge in the month of July. started land application the last week of July.